

Work Order ID 100739

100739

Page 1

Item ID: D3693-1

Accept

N900040100

Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Rod End Bearing

Start Date: 5/06/13 Start Qty: 6.00

6

Cust Item ID:

Required Date: 5/06/13 Req'd Qty: 6.00

6

Customer:

Reference:

Approvals: Process Plan:

RF

Date: *13-05-1*

Tooling:

Date:

Run Start ***NR1***

QC:

Date:

SPC (Y/N):

Date:

Stop ***NR2***

Work Center ID	Description	Run Hours	Cost	Qty	Test	Reject Number	asp. Stamp
----------------	-------------	-----------	------	-----	------	---------------	------------

Draw Nbr

Revision Nbr

D3693

C

100

0.00

100

PURCHASING

Purchasing

Memo

0.00

Purchasing

Issue P/O: *19771*

Purchase Part Number: 047-140-252-005

Supplier: Bell

Certificate of conformity is required

RF 13-05-2

110

Receive & Inspect for Damage & Mat'l Certs

0.00

110

Packaging

Memo

0.00

Packaging

Ensure certificate of conformity is attached

43/86 6

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION <div style="display: flex; justify-content: space-around;"> <div> <input type="checkbox"/> Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update </div> <div> <input type="checkbox"/> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab </div> <div> <input type="checkbox"/> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite </div> <div> <input type="checkbox"/> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier </div> <div> <input type="checkbox"/> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other </div> </div>								
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector			
Doc/Data												
Equip/Tooling												
Operator												
Material												
Setup												
Other												
Process												
Supplier												
Training												
Unapproved												

FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube		General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other		

Work Order ID 100739

May 1, 2013 7:07:19 AM

100739

Page 2

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Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start ***NR1***

QC:

Date:

SPC (Y/N):

Date:

Stop ***NR2***

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
---------	--------	-----------	------------	------------	---------------	-------------

120

QC6- Inspect dimensions to drawing

0.00

120

QC

Memo

0.00

Quality Control

130

0.00

130

Small Fab

Memo

0.00

Small Fab

1- PRIOR TO DRILL FILL ROD WITH HYSOL OR MAGNOBOND ADHESIVE AND LET CURE AS PER MANUFACTURER'S INSTRUCTION.

2- DRILL USING JIG DT9514

2-DEBURR

140

QC5- Inspect part completeness to step on W/O

0.00

140

QC

Memo

0.00

Quality Control

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

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Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION <div style="display: flex; justify-content: space-around;"> <div style="text-align: right;"> Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/> </div> <div style="text-align: right;"> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div style="text-align: right;"> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div style="text-align: right;"> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div style="text-align: right;"> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>		AGAINST DEPARTMENT/PROCESS						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector			
Doc/Data												
Equip/Tooling												
Operator												
Material												
Setup												
Other												
Process												
Supplier												
Training												
Unapproved												

FAULT CATEGORY									
Landing Gear		General		Grain		Ovalized		Pressure/Forced	
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain	<input type="checkbox"/> Ovalized	<input type="checkbox"/> Pressure/Forced					
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Temperature/Cure					
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Weld					
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Wrong Stock Pulled					
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Part Moved						
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Positioned Wrong						
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread	<input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Other					
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset							
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration							
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence							
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions							

Work Order ID 100739

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Page 3

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Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start ***NR1***

QC:

Date:

SPC (Y/N):

Date:

Stop ***NR2***

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID Tool# Plan
Code Accept Reject Reject Insp.
Qty Qty Number Stamp

150

Identify as per dwg & Stock Location: GA

0.00

150

Packaging

Memo

0.00

Packaging

160

QC21- Final Inspection - Work Order Release

0.00

160

QC

Memo

0.00

Quality Control

6 88 13/05/31

13/06/31

MCJ 13-05-31

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other		

Picklist Print

May 1, 2013 7:07:19 AM

Page 1

Work Order ID: 100739

Parent Item: D3693-1

Parent Item Name: Rod End Bearing

Start Date: 5/06/13

Required Date: 5/06/13

Start Qty: 6.00

Required Qty: 6.00

Comments: IPP Rev:A New Issue 08-01-17 JLM Verified By:EC
IPP Rev:B As per Rev B 09-01-20 JLM Verified By:DD
ECN12-693 DD VERF:JLM
IPP REV:C 13.01.24 PER

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
047-140-252-005 Rod Bearing End		Purchased	No				Each	0.0000		6			

9/3/13

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

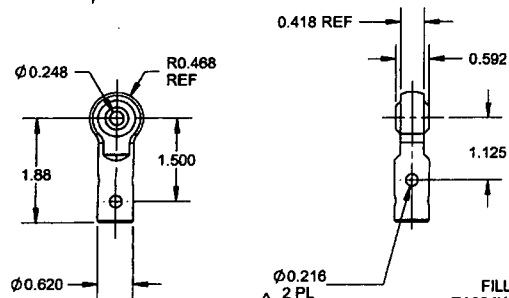
Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											

FAULT CATEGORY			
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

SPECIFICATION CONTROL DRAWING

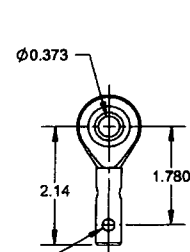


100739
21305-1



△ $\varnothing 0.216$
2 PL
PRIOR TO DRILL
FILL ROD END WITH HYSOL
EA934NA OR MAGNOBOND 8398
ADHESIVE,
CURE AS PER MANUFACTURER'S
INSTRUCTION

**D3693-1
ROD END BEARING**



**D3693-3
ROD END BEARING**

RELEASED
2013-01-22
WJD

DART P/N	DESCRIPTION	BELL P/N	WEIGHT (lb)	FINISH	IDENTIFY
D3693-1	ROD END BEARING	047-140-252-005	0.19	NONE	NONE
D3693-3	ROD END BEARING	205-060-101-001	0.14	NONE	NONE

C	$\varnothing 0.216$ PILOT HOLES WERE $\varnothing 0.189$, (ZN B6-1, C4-1) REF NCR12-2074		DB	12.12.05
B	REMOVED SHADED VIEW (ZN D8-1, D1-1); 0.592 WAS 0.591 (ZN C5-1); REFORMATTED SHEET; TRANSFORMED GENERAL NOTES TO TABLE FORMAT		RF	08.12.15
A	NEW ISSUE		RF	08.03.12
REV.	DESCRIPTION		BY	DATE
DESIGN	RF	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA		
DRAWN	DB			
CHECKED	MB	DRAWING NO.	REV. C	
MFG. APPR.	JMM	D3693	SHEET 1 OF 1	
APPROVED	WJD	TITLE	SCALE	
DE APPR.	WJD	ROD END BEARING	NTS	
DATE	12.12.05	COPYRIGHT © 2008 BY DART AEROSPACE LTD THIS DOCUMENT IS PROPRIETARY AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.		



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID **PO19771**

Purchase Order Date 5/2/2013

PO Print Date 5/2/2013

Page Number 1 of 1

Order From :

VU-EAG002

EAGLE COPTERS MAINTENANCE LTD.
823 MCTAVISH ROAD N E
CALGARY, AB T2E 7G9
CA

Contact Name

Vendor Phone

Vendor Fax

Vendor Account Nbr

403-250-7370

Buyer

Requisition Nbr

Tax Resale Nbr

Terms

Currency

FOB

Brigitte Golden

10127-2607

Net 30

USD

Destination-Collect

Ship To :

DART AEROSPACE LTD 1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

Line Nbr	Reference Revision ID	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	047-140-252-005	Rod Bearing End	5/2/2013 Yes	6.00 Each	FedEx PI collect	\$98.5600	\$591.36

Special Inst: As per DWG: D3693
Rev: C
B100739

PO Total:

\$591.36

Change Nbr:

1

Change Date: 5/2/2013

No substitution or deviation without
consent.
Certificate of Conformity or Material
Certification required - YES NO

Eagle Copters Maintenance Ltd

823 McTavish Rd, NE
Calgary, Alberta T2E 7G9
Canada

Packing Slip

May 02, 2013

Telephone: (403) 250-7370

Fax: (403) 250-7110

Shipment number: SH#13-001317

Customer PO number: PO19771

Ship To: Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Canada

Ship Via: FED EX

Carrier Terms:

Phone: (613)632-5200

Waybill: 799672552733

Customer PO number: PO19771

Item	Part Number	Part Description	Current Location	Qty	UOM	Serial Number	Lot Number
1	047-140-252-005	BEARING, ROD END	Shipping Area	6	Each		LT-13-005630
Type of sale: Outright							

Sales Order Number: SO13-00587.001

Eagle PO Number:

PI

EMAIL Brigitte Golden <bgolden@dartaero.com> WAYBILL

All Parts being sent on this packing slip have the original certification on file at Eagle Copters Ltd.

* End of Report *

>> denotes that the Packing Slip line item has already been printed.

Eagle Copters Maintenance Ltd

823 McTavish Road, NE Calgary, Alberta T2E 7G9

TCCAAMO Approval No. 6-81

LOT #: LT-13-005630



Sold To: SO13-00587

Sold Date: 5/2/2013 7:10:51PM

PART #: 047-140-252-005

Description: BEARING, ROD END

Serial No:

Condition: New

Qty Sold: 6.00

Cure Date:

Manufacturer: Bell Helicopter (Manufacturer)

	Cycles	Hours
Total Time:		0.00
TSO:		
Time Remaining:		

Details of work performed/reason for removal

Receiving Inspection

Additional work to be performed upon installation

May 02, 2013

Inspector

Lic. No. Stamp

